

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9242

State File No.

2725

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 32 years  
years, months or days)

3. (a) PRINT FULL NAME Esther Oppenheim

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Max Oppenheim 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Ab. 1775  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Ab. 65 hr. min.

9. Birthplace Kaunas Lithuania  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Abraham Kadishevitz

13. Birthplace Lithuania  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah (unk)

15. Birthplace Lithuania  
(City, town, or county) (State or foreign country)

16. (a) Informant Max Oppenheim

(b) Address 1436 Burd

17. (a) Burial (b) Date thereof 3/24/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director H.B. Berger

(b) Address 4715 McPherson

19. (a) MAR 23 1940  
(Date received local registrar)

J. F. Black  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1436 Burd  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 32 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1940 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from  
Dec 12, 1939 to March 22, 1940  
that I last saw her alive on March 22, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 24 hrs

Due to Hypertension

Due to Chronic Hypertension

Other conditions Emphysema of lungs  
(Include pregnancy within 3 months of death)

Major findings: Non tubercular

Of operations \_\_\_\_\_

Of autopsy 93C

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature M. J. [unclear] (M. D. or other)

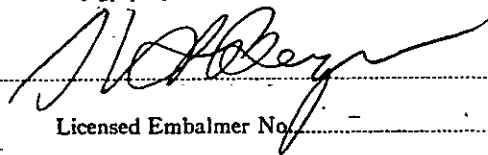
Address 622 [unclear] Date signed March 23 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
.....; Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**